



**Indiana
Professional
Licensing
Agency**

Speech-Language Pathology and Audiology Board
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Phone: (317) 234-2051
Website: PLA.IN.gov

Michael R. Pence, Governor

Nicholas W. Rhoad, Executive Director

Speech-Language Pathology Support Personnel Renewal

Your license expires 12/31/2013. To renew, mail this form with the renewal fee of \$25 to the address in the top right corner. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this form is postmarked after 12/31/2013 you must include a \$50 late fee. If you answer 'Yes' to questions 1-5 below, please send a signed and notarized statement fully explaining the response plus any additional documentation with this form.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
<u>Enter Licensee Name</u>	<u>Enter License Number</u>	<u>Expiration Date</u> 12/31/2013	<u>Renewal Fee</u> \$25.00
Street Address			
City	State	Zip Code	
Phone Number	Email Address		

QUESTIONS	
1. Since you last renewed, has any health professional license, certificate, registration or permit you hold or have held been disciplined or are formal charges pending?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Since you last renewed have you had a malpractice judgment against you or settled a malpractice action?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Have you been denied staff membership or privileges in any hospital or health care facility or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitations?	Yes <input type="checkbox"/> No <input type="checkbox"/>

LICENSEE AFFIRMATION		
By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.		
Signature of Licensee		Date (month, day, year)
Signature of Supervisor	Supervisor License Number	Date (month, day, year)

Visit us on the web at www.pla.in.gov for additional information regarding your licensure, or email the Board at pla6@pla.in.gov.

"We're striving to cut red tape and remove barriers to practice to make Indiana a state that works! Have ideas? Please give us your suggestions at www.in.gov/cutredtape." -Nicholas W. Rhoad, PLA Executive Director



FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date